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CHORIOEPITHELIOMA
- MALIGNUM.

BY

ANTONIO M. CRISPIN, M.D.,
NEW YORK.

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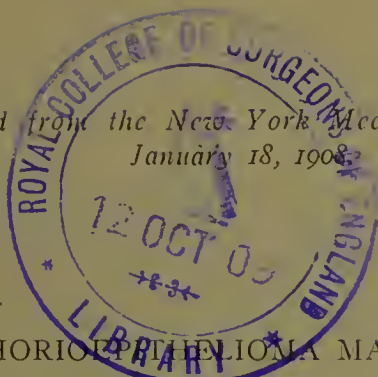
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CHORIOEPITHELIOMA MALIGNUM.

By ANTONIO M. CRISPIN, M. D.,
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The difficulties of diagnosticating and the comparative rareness of these uterine tumors, together with their clinical and pathological interest, encouraged me to report the following case, in which I operated in April, 1905, thus adding one more to the scant literature on the subject.

The comparative infrequency of these tumors can best be judged by reading the masterly article by Dr. Robert T. Frank in the *New York Medical Journal* of April 21, 1906, where, in a most exhaustive and comprehensive study, he found but twenty-eight cases reported in the American literature. The nomenclature of these growths has been quite extensive, and various are the terms applied to designate this rare form of neoplasm. It has been designated as deciduoma malignum, malignant bladder mole, sarcoma decidua cellulare, malignant placental polyp, and more recently chorioneplithelioma and chorioepithelioma.

The first important study on the subject was published by Sanger in 1889 and was followed by Gottschalk and Frankel. The consensus of opinion as to the origin of this growth accepts the theory advanced by Marchand, that these tumors are of chorionic, foetal, or ovular origin. Voight maintains a contrary opinion, and says that they arise from maternal tissue and not from foetal ones. Frank in the article referred to says: "A chorioepitheliomatous tumor of pregnancy may be defined as a neoplasm which arises from some portion of the foetal cover-

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ing (ectoderm) invading the tissue of its host, the mother." It was clearly shown by Marchand what relation the protoplasmic masses of the tumor have with the syncytium and their relation to those of Langerhans's layer. It has also been demonstrated by others that the syncytium and Langerhans's cells are derived from the ectoderm, and therefore these tumors are of foetal or ovular origin, causing a malignant proliferation of the two layers of the chorionic epithelium.

These tumors as a rule follow pregnancy, abortion, or a hydatidiform mole. In my case it was the sequela of an abortion. Metastasis is one of the remarkable characteristics of these growths, and there is a decided tendency to early invasion of other viscera. Malignancy is also a marked characteristic of these tumors. They are usually located in the uterus, but it has been primarily observed in the vaginal and in the fallopian tubes. Generally it follows pregnancy, specially a hydatid mole, but it has nevertheless been observed after the menopause in a woman fifty-eight years old.

The symptoms presented by the patients are usually as follows: After pregnancy, abortion, or the expulsion of a hydatidiform mole, 58 per cent. of cases, there is repeated genital hæmorrhage, generally profuse, although it may be scanty. The hæmorrhage may be continuous, and in the period of quiescence a thin, watery discharge may appear. Anæmia may supervene. When the disease has advanced the tumor ulcerates, and pieces of necrotic tissue are discharged, the odor of which may become intolerable. Metastases appear in the other organs, ulcerating into bladder or intestines.

The prognosis is extremely grave. The only hope is early surgical intervention. Medication for the control of the bleeding seems not to exert any influence.

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The diagnosis is established by the careful consideration of the symptoms and the physical signs. Enlargement of the uterus, resembling a gravid one, varying in size from a five week pregnancy to that of full term. The profuse bleeding, and the removal by curetting of a piece of tissue for microscopical examination, will establish the diagnosis.

The treatment of these cases is that of all malignant growth—extirpation. Curetting aggravates the condition.

CASE.—Mrs. A. S., age forty-nine, has no information to offer about her parents. It may be interesting to know that one of her brothers had been operated upon by me for a sarcomatous growth of the right groin. She always enjoyed good health, menstruated when she was eleven years old, married very young, and has had thirteen living children and two abortions. Her present illness began five months ago, when she aborted at the third month of gestation. Bleeding was very profuse, and as it did not stop she consulted a physician who curetted her, but this only aggravated the condition and the hæmorrhage was increased. I was then invited to see her. She was a large, stout woman, very anæmic. On bimanual examination, the cervix felt soft and large, the os quite patulous, uterus globular and about the size of a four month gravid uterus, uniformly enlarged, and freely movable. Hæmorrhage continuous. I advised immediate operation, which was accepted, and had her removed to the hospital. I performed a hysterectomy by the combined method on March 7, 1905, assisted by my friends, Dr. Jacob G. Paepke and Dr. Henry Kalvin. Having first curetted the uterus, which was found very soft and bled profusely, requiring immediate packing, I then opened the abdomen, cutting through enormous quantity of adipose tissue, which impeded the delivery of the uterus; this organ was perfectly smooth and large. After some difficulty, due to the thickness of the abdominal parietes and the intense bleeding from the tissues which tore easily, I succeeded in delivering it. All went well until the fourth day, when the patient developed intestinal paralysis, for which everything was tried, but to no avail, and she died in the evening. The tumor was sent to the pathologist, Dr. N. Kruskal, and he reported it to be a chorionepithelioma malignum, with the usual findings.

854 LEXINGTON AVENUE.

